## T.E.A.C.H. Early Childhood® WASHINGTON, DC

## Release Time Reimbursement Claim Form

For:

Recipient Social Security #

**Sponsor Information**Center License #

Center Name Center Address Center City, State, Zip	F	Recipient Name  Program/ Option:  Counselor:			
	(You must use a sep	parate claim form sheet fo	or each semeste	or)	
Term Covered by this claim Circle one			SUMMER (year)		
Release Time Claim	ned				
	Date	# of Hours O			
Sample	1/1/95	2 hrs.			
-					
	Total hours claimed				
L					
Director's Signature		Teacher's Signature _			

Return with receipts to: National Black Child Development Institute
Attention: TEACH

8455 Colesville Rd, Suite 820 Silver Spring, Maryland 20910